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FROM Thomas M. Isaacson

DATE 2004-05-12 18:38:16 GMT

RE Patent Application No. 09/314,637

COVER MESSAGE

Please find enclosed a Response to the above-referenced patent application.

Examiner: Angela Armstrong

Art Unit: 2654

Filing Date: 05/19/1999

Inventor: Rahim et al.

Thank you.

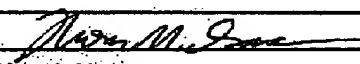
The Law Office of Thomas M. Isaacson


PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/314,637
	Filing Date	05/19/1999
	First Named Inventor	Rahim et al.
	Art. Unit	2664
	Examiner Name	Angela Armstrong
Total Number of Pages in This Submission	Attorney Docket Number	113607

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD: Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Thomas M. Isaacson, Reg. No. 44166	
Signature		
Date	May 12, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Thomas M. Isaacson	
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In re Application of: :
: :
Rahim et al. : Attorney Ref.: 113607
: :
Serial No.: 09/314,637 : Confirmation No.: 5478
: :
Filed: May 19, 1999 : Art Unit: 2654
: :
FOR: RECOGNIZING THE NUMERIC : Examiner: Angela Armstrong
LANGUAGE IN NATURAL SPOKEN :
DIALOGUE :

RESPONSE

MAIL STOP: Non-Fee Amendment
Commissioner for Patents
Patent & Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the communication dated February 12, 2004, kindly consider the following
Amendment and Remarks.

Amendments to the claims begin on page 2.